

Printed 01/15/2001

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/005,035	01/09/1998 <u>RULE 47</u>	435	1744	038007/0112

APPLICANT  
PETER K LAW, MEMPHIS, TENNESSEE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

YES/NO

THIS APPLN IS A DIV OF 08/477,377 12/7/95 ABN,  
WHICH IS A CIP OF 08/354,944 12/13/94 ABN/

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None/Not

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None/Not

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="checkbox"/> no O yes <input checked="" type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	Sheets Drawings	Total Claims	Independent Claims
Verified and acknowledged	<u>NFL</u> Examiner's Name Initials	TN	20	13	2

ADDRESS  
FCLEY AND LARDNER  
SUITE 555,  
3000 K STREET, N.W.  
WASHINGTON , DC 20007-5109

TITLE  
MYOBLAST THERAPY FOR MAMMALIAN DISEASES  
AUTOMATED CELL PROCESSOR

FILING FEE RECEIVED \$**395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 1995

SERIAL NUMBER 09/005,035	FILING DATE 01/09/1998 RULE	CLASS 424	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 038007/0112
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## APPLICANTS

PETER K. LAW, MEMPHIS, TN;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A DIV OF 08/477,377 12/07/1995 ABN  
 WHICH IS A CIP OF 08/354,944 12/13/1994 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 04/10/1998

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TN	20	13	2
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

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 Washington DC 20006-1228  
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## TITLE

AUTOMATED CELL PROCESSOR

FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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